

L08000115097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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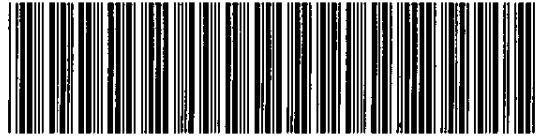
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 DEC 17 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Orlan DEC 18 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Revelation Hotels, Resorts and Clubs, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Gary M Mervak**

(Name of Person)

**Revelation Hotels, Resorts and Clubs, LLC**

(Firm/Company)

**757 SE 17th St PMB # 389**

(Address)

**Fort Lauderdale, FL 33316**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Gary M Mervak**

(Name of Person)

at ( **505** ) **301-1177**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

John C. Tolbert

610 NE 17th Way

Ft. lauderdale, FL 33304

MGRM

Eleanor T. Lawrence

1106 NE 4th St

Fort Lauderdale, FL 33301

MGRM

Gary M Mervak

1106 NE 4th St

Fort Lauderdale, FL 33301

MGRM

Thomas J. Chmelik

3006 N. Puckahoe St

Arlington, VA 33213

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Gary M Mervak**

Typed or printed name of signee

FILED  
08 DEC 17 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**